PTO/SB/06 (08-03) Approved for use through 7/31/2006 OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Pater :- Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number P-TENT APPLICATION FEE DETERMINATION RECORD yor Docket Mumber Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY FS= NUMBER FILED NUMBER EXTRA RATE FEE RATE BASIC FEE FEE (37 CFR 1 154) OR TOTAL CLAIMS (37 CFR 1 15/: minus 20 = X S OR INDEPENCE .. (37 CFR 1 15': minus 3 = OR MULTIPLE DEFE DE COLLAM PRESENT (37 CFR 1.16(d)) OR "If the difference in the column 2 TOTAL OR TOTAL I -- '.'S AS AMENDED - PART II OTHER THAN To amn 1) (Column 2) OR SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST ⋖ FEMAINING PRESENT NUMBER RATE ADDI-RATE -FTER ADDL PREVIOUSLY **EXTRA** TIONAL TIONAL - VENDMENT PAID FOR FEE FEE ENDM Tota at car unu Minus OR (37 CFA 1 11 : Minus OR FIRST FEETE TET DE DE MULTIPLE DEPENDEIN CLAIM (37 CFR 1.16(4)) OR TOTAL TOTAL ADD'L FEE OR **ADD'L FEE** I umn 1) (Column 2) (Column 3) AIMS HIGHEST  $\omega$ EVAINING PRESENT NUMBER RATE ADDI-ENT RATE ADDI: FIER PREVIOUSLY **EXTRA** TICHAL TIONAL YE::DMEN1 PAID FOR FFF FEE Minus AMENDA er ore OR X S Independent (27 OFR : 1) : Minus CR FIRST FRESE TOT IN OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + 4 TOTAL TOTAL OD'L FEE OR ADD'L FEE Coumn 1) (Column 2) (Column 3) -AIMS HIGHEST O FEYAINING PRESENT NUMBER ENT RATE ADCI-RATE ADDI-STER PREVIOUSLY **EXTRA** TIONAL TIONAL **VENDMENT** PAID FOR FEE Total (37 CFR 1 15 : FEE NON N Minus OR Independent (37 CFR 1 15 : Minus ũ OR

TOTAL ADO'L FEE if the entry in column 3 write "O" in column 3 If the Thighest Ter Previously Paid For IN THIS SPACE is less than 20, enter 20" If the Thighest Ter Previously Paid For IN THIS SPACE is less than 3, enter 3"

FIRST PRESE THE DEPENDENT CLAIM (37 CFR 1.16(d))

The Higher Note: Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Note: The Strequired by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fide (and by the USPTO to process) and submitting the completed application form to the USPTO Time will any depending upon the individual case. Any comments on the amount of the Line Line to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Traderial Collection for Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

OR

OR

TOTAL

ADO'L FEE